

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. P 048 082 750

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Candy Jo McCarthy

Petition No. 950227-10-024

PRELICENSURE CONSENT ORDER

WHEREAS, Candy Jo McCarthy of Tolland, Connecticut (hereinafter "respondent") has applied for licensure to practice as a registered nurse by the Department of Public Health and Addiction Services (hereinafter "the Department") pursuant to Chapter 378 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice the occupation of registered nurse under Connecticut General Statute Chapter 378.
2. On or about October 15, 1989, respondent diverted Dilaudid at a hospital in Forth Worth Texas and in lieu of being reported to the Texas Board of Nurse Examiners (hereinafter "the Texas Board"), entered into an agreement with the Texas Peer Assistance Program for Impaired Nurses by which respondent agreed to abstain from drugs and alcohol and obtain appropriate treatment for any dependency or abuse of drugs or alcohol.
3. On or about July 13 and 14, 1991, respondent diverted Dalaudid from the Cranston General Hospital, Cranston, Rhode Island. Based upon that conduct, the Rhode Island Board of Nursing Education and Nurse Registration (hereinafter "the Rhode Island Board") suspended respondent's registered nurse license for a period of 18 months.

4. By Order dated March 23, 1993, the Texas Board revoked respondent's registered nurse license based upon the action of the Rhode Island Board. Respondent successfully completed her probation in Rhode Island and both her Texas and Rhode Island registered nurse licenses presently are reinstated without any restrictions.
5. Respondent has abused and/or utilized to excess Dilaudid, cocaine and heroin.
6. By the conduct described above, respondent committed acts that constitute grounds for the denial of her application for licensure pursuant to §19a-14 of the Connecticut General Statutes.

NOW THEREFORE, pursuant to §19a-14 of the Connecticut General Statutes, respondent hereby stipulates and agrees to the following:

1. That she waives the right to a hearing on the merits of her application for licensure.
2. That after satisfying the requirements for licensure as a registered nurse as set forth in Chapter 378 of the Connecticut General Statutes, respondent's license to practice as a registered nurse will be issued.
3. That respondent's license to practice as a registered nurse in the State of Connecticut shall immediately upon issuance, be placed on **probation** for two (2) years under the following terms and conditions:
 - A. During the first three months of the probationary period, respondent shall, at her own expense, submit to and complete a psychiatric evaluation, including psychological testing, directed by a physician recommended by the Department (hereinafter the "evaluator"). The results of the evaluation shall be provided directly to the Department.

- (1) The evaluator shall conclude that respondent can safely and competently practice as a registered nurse.
- (2) Respondent shall comply with all recommendations for treatment made by the evaluator.

B. At her own expense, respondent shall engage in therapy and counseling with a licensed or certified therapist (hereinafter "therapist") approved by the Department for the entire probation period.

- (1) Respondent shall provide a copy of this Prelicensure Consent Order to her therapist.
- (2) Respondent's therapist shall furnish written confirmation to the Department of his/her engagement in that capacity and receipt of a copy of this Prelicensure Consent Order within fifteen (15) days of the effective date of this Prelicensure Consent Order.
- (3) If respondent's therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be transferred to another therapist, he/she shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy, and/or respondent's transfer to another therapist. However, if therapy is terminated with approval of the Department, respondent's therapist shall continue to monitor her alcohol and drug free status by monitoring and reviewing the observed random urine screens for drugs and alcohol as described in paragraph 3C below, and by providing the reports described in paragraph 3D below.
- (4) The therapist shall immediately notify the Department in writing if respondent discontinues therapy and/or terminates his/her services.

- C. Respondent shall not obtain for personal use and/or use alcohol, controlled substances or legend drugs that have not been prescribed for her for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications.
- (1) At her own expense, respondent shall submit to observed random urine screens for drugs and alcohol at a testing facility approved by the Department as ordered by her therapist and/or personal physician. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by respondent's therapist or personal physician or by the testing laboratory. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.
 - (2) Respondent shall be responsible for notifying the laboratory, her therapist, and the Department of any drug(s) she is taking.
 - (3) There must be at least one (1) such observed random screen and accompanying laboratory report every week for the first three months of probation; at least one (1) such screen every two weeks for the remaining nine months of the first year of probation; and, at least one (1) such screen every month for the second year of probation.
 - (4) All screens shall be negative for the presence of drugs and alcohol.
 - (5) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
 - (6) Respondent is hereby advised that the ingestion of poppy seeds has, from time to time, been raised as a defense to a positive screen result for morphine and/or opiates. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances

during the term of this Prelicensure Consent Order. In the event respondent has a positive screen for Morphine and/or opiates, respondent agrees that the ingestion of poppy seeds shall not constitute a defense to such a screen.

- D. Respondent shall be responsible for the provision of written reports from her therapist directly to the Department for the entire probation period; monthly for the first three months of probation; and, quarterly for remainder of the probation period. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of her drug and alcohol free status as established by the observed random urine screens for drugs and alcohol, an evaluation of her ability to safely and competently practice nursing, and copies of all laboratory reports.
- E. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Department any confirmed positive alcohol/drug screen and any conduct or condition on respondent's part which does or may violate any federal or state statute or regulation applicable to her profession.
- F. Respondent shall provide a copy of this Prelicensure Consent Order to all future nursing employers for the duration of her probation.
- G. Respondent shall not accept employment in any capacity for a personnel provider service, visiting nurse agency or home health care agency, and shall not be self-employed as a nurse at any time during the probationary period.
- H. Respondent shall not administer, count, or have access to narcotics or other controlled substances, or have responsibility for such activities in the course of her nursing duties for the first six months of her employment as a nurse.
- I. At all times when respondent is employed in a nursing capacity, respondent shall be responsible for the provision of written reports directly to the

Department from her employer monthly for the first year of probation; and, quarterly for the second year of probation. Employer reports shall include documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Department at the address cited in paragraph 9 below.

J. All reports required in paragraphs 3D and 3I are due according to the following schedule:

- (1) Monthly reports are due on the tenth business day of every month commencing with the report due on the tenth business day after the first full month following the effective date of this Consent Order.
 - (2) Quarterly reports are due on the tenth business day of January, April, July and October. Quarterly reports shall commence with the report due on the tenth day after the first full quarter completed after monthly reports are no longer required by this Consent Order.
4. That in the event respondent is unemployed as a nurse for periods of thirty (30) consecutive days or longer, or is employed as a nurse less than twenty (20) hours per week, respondent shall so notify the Department in writing. Such period(s) shall not be counted in reducing the period covered by this Prelicensure Consent Order.
 5. That respondent shall comply with all state and federal statutes and regulations applicable to her license.
 6. That respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
 7. That respondent shall notify the Department of any change(s) in her home or business address within fifteen (15) days of such change.
 8. That any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's

nursing license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the rescision of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.

9. All correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

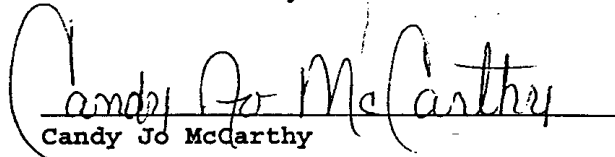
Bonnie Pinkerton, R.N.
Department of Public Health and Addiction Services
150 Washington Street
Hartford, CT 06106

10. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Medical Quality Assurance of the Department.
11. That respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Board of Examiners for Nursing in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-99 of the General Statutes of Connecticut, as amended, is at issue.
12. That this Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of

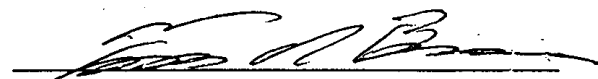
any other rights that she may have under the laws of the State of Connecticut or of the United States.

13. That this Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
14. That this Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
15. That respondent understands this Prelicensure Consent Order is a matter of public record.
16. That respondent understands that she has the opportunity to consult with an attorney prior to signing this Prelicensure Consent Order.

I, Candy Jo McCarthy, have read the above Prelicensure Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.



Candy Jo McCarthy

Subscribed and sworn to before me this 6th day of June 1995.

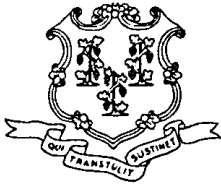

Notary Public or person authorized
by law to administer an oath or
affirmation

THOMAS S. BROWN
NOTARY PUBLIC
My Commission Expires 10/31/96

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health and Addiction Services on the 6th day of June 1995, it is hereby ordered and accepted.


Stanley K. Peck, Director
Division of Medical Quality Assurance

0766Q/18-26
KV:4/25/95



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

June 11, 1997

Ms. Candy Jo McCarthy
96 Doyle Road
Tolland, Connecticut 06084

Re: Prelicensure Consent Order
Petition No. 950227-010-024
License No. R51160



Dear Ms. McCarthy:

Please accept this letter as notice that you have completed the terms of your license probation, effective June 9, 1997.

Notice will be sent to our License and Registration section to remove all restrictions from your license related to the above-referenced Prelicensure Consent Order.

Thank you for your cooperation during this process.

Very truly yours,

A handwritten signature in cursive script that reads "Bonnie Pinkerton".

Bonnie Pinkerton
Nurse Consultant
Legal Office

cc: Debra Tomassone



Phone: (860) 509-7651
Telephone Device for the Deaf (860) 509-7191
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